STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS STATE BOARD OF REGISTRATION FOR PROFESSIONAL LAND SURVEYORS

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<u>CONTINUING EDUCATION REPORTING FORM</u>
This form must be typed for acceptance and returned with your renewal card & registration fee.

Registrant Name:			Registration Number:		
Address:		City:	State:	Zip	:
FOR THE PERIOD:		TO:		Page:	of
Activity No.	Date(s) or Date Range	Nature of Activity and Sponsoring Organization	Location and Speaker/Instructor (As Applicable)	PDH's For This Activity	Cumulative PDH's for This Period
			County over from provious		
			Carry over from previous biennium: (5-PDH Maximum)		
			TOTAL NUMBER OF PDH's DE	ECLARED:	
CERTIFICATION: Under penalty of law, I hereby certify that the declared PDH credits stated herein are correct and that I personally participated and completed those programs in which the credit were earned and that those credits were in fact awarded to me:					
Signature			Print Name Date		ate